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THE GAY CURE

A Homosexual Analyzes the Analysts

Photo Studies and Articles for the Gay Community

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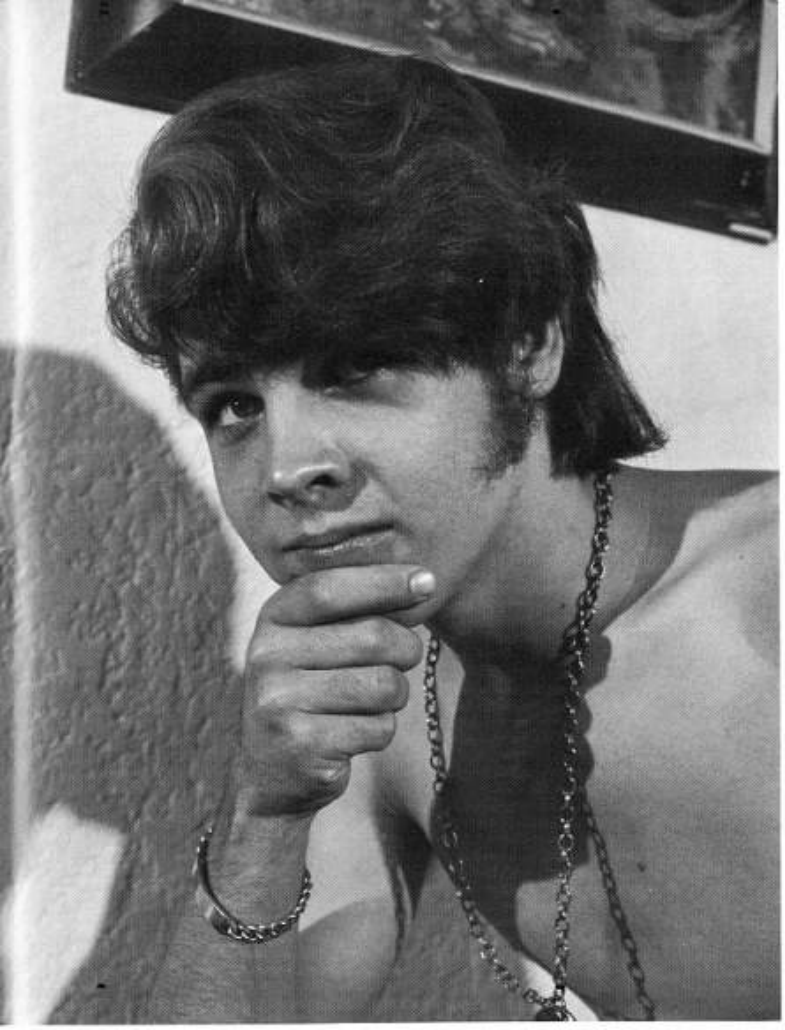

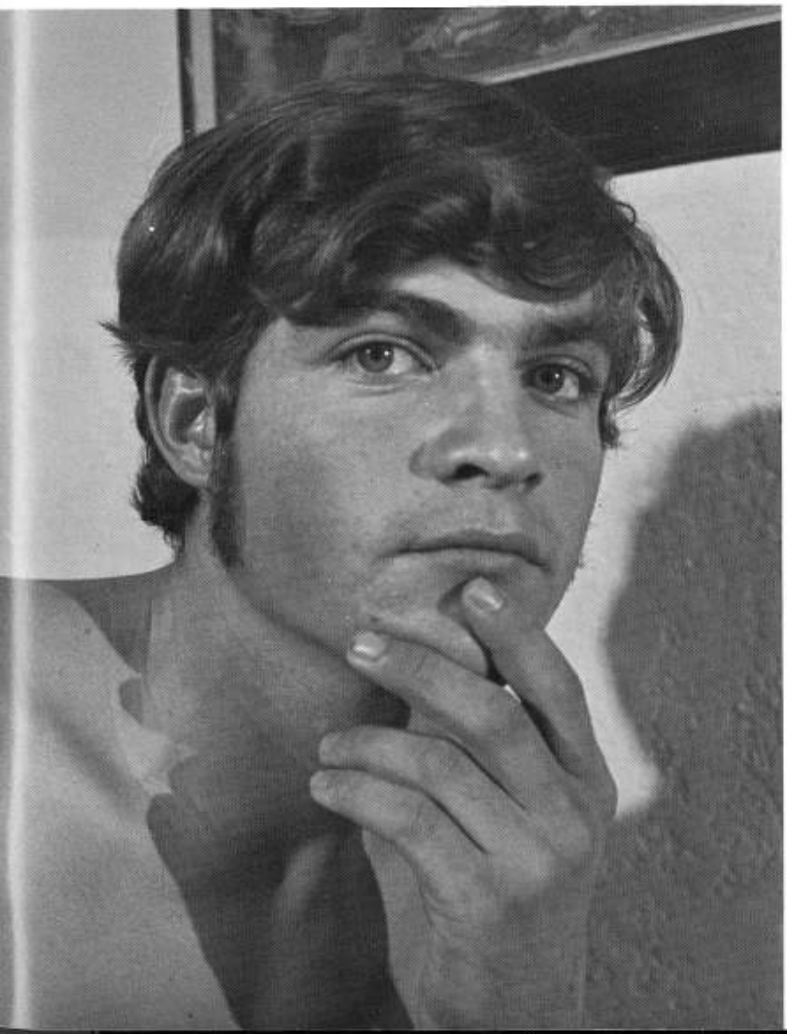

THE GAY CURE ?

A Homosexual Analyzes the Analysts
by Jim Kepner

The recent bestseller, *Everything You Always Wanted to Know About Sex**, broadcast a slanderous, crazily distorted view of homosexuality. Because homosexuals lack the equipment (?!) to really enjoy sex, Dr. Reuben says, most "transform themselves into part-time women," or settle for mutual masturbation. His sample clearly was limited, though he does not think so.

He packed a wealth of misinformation and bias into a few pages, some so preposterously funny, one suspects a "put-on."

He claims that almost all homosexual encounters are 3-minute jobs, that even those few who live together a long time are promiscuous and unhappy, and that even "butch" homosexuals wear black lace panties. He confuses transvestism, drag and homosexuality, which overlap in some individuals, but aren't the same thing. But none of his glib chatter about male Gays is quite matched by his hetero male fantasy about Lesbians with two-inch clitorises.

Though Reuben spends little space explaining "how homosexuals got that way," he says assuredly that "if a homosexual who wants to renounce homosexuality finds a psychiatrist who knows how to cure homosexuality, he has every chance of becoming a happy, well-adjusted heterosexual.

Emphasize "who *knows* how," as opposed to "who *thinks* he knows." Reuben doesn't say how, nor does he directly claim any cures.

He is typical of book-writing shrinks in regarding homosexuality as a "substitution" for the individual's "natural" het impulse, not as an impulse having its own motivations and styles. Most psychotherapists do not consider homosexuals either "sick" or currently curable — but therapists who advertise their services in popular books often make both claims.

Homosexuals, or Gays, as many now prefer to be called, have been called sinful, unnatural, degenerate, child molesters, effeminates, and the cause of the fall of empires. These old charges are easily refuted, but the charge that hits most below the belt, that gets you coming and going, is this charge of sickness. Any answer the homosexual gives is taken as evidence of his sick ways of thinking.

THE NEW PRIESTS

Before the worship of "accredited scientific authority" became a virtual state religion, differences between people were mostly explained by such fairy tales as "Why the Robin's Breast is Red." Such folklorishness is still called on to explain the worldwide existence of a minority of persons chiefly attracted to their own sex.

Sexologists since 1880 have tried to explain it "scientifically." But theories of human behavior are easier to postulate and harder to prove than theories about chemical or physical reactions. The observer of variant behavior can rarely see around his own assumptions, which distort both his observation and his "casual" interpretation.

Researchers with no special training for the study of homosexuality start by assuming what needs to be proved: that under "normal" conditions, everyone would grow up monogamously het; and that any variation is caused by a foul-up in individual family life.

The usually assume that all homosexuals are alike, having a single universal "cause" which sidetracks normal het development. Isolating that cause would enable therapists to reverse or prevent homosexuality. Certain writers have jumped the gun, claiming that they already know the cause, and have produced cures. Their claims need to be examined.

With many of the prerogatives of ancient priests, the psychiatric profession tends to regard homosexuals and other "deviates" as available guinea pigs for random experimentation, and in many situations the law permits this without any redress on the part of the victims.

Most homosexuals and bisexuals have probably always been more concerned with trying their wings than with discovering "why their breast is red." But in a society where the homosexual is rarely free to try his wings, and where the new priests are anxious to clip them, it is time we pay some attention to the shears these men are wielding.

A WARNING, AND AN EXAMPLE

Dr. Thomas Szasz, author of *The Manufacture of Madness*, has repeatedly warned his fellow professionals against their tendency to create, by definition, ever widening classes of persons who "need help," and therefore must be forced to accept "treatment." The legal concept of insanity, conceived as a defense for persons unable meaningfully to stand trial for their acts, has been broadened to permit therapeutic incarceration of countless innocent persons. In some states, accused homosexuals are put under psychiatric care, often without benefit of trial.

At an American Medical Assn. meeting two years ago, Dr. Charles Socarides called homosexuality a "dread disfunction, malignant in character . . . risen to epidemic proportions." He urged the creation of a "national rehabilitation center," to isolate the nation's millions of homosexuals from the general population. "From every standpoint . . . homosexuals must be considered mentally ill and potentially cureable."

Dr. Socarides, who repeatedly demands herding all homosexuals into giant concentration camps (he avoids that term — touchy in a predominantly Jewish profession), can't understand why Gay Liberationists now show up as hecklers whenever he speaks.

But his demand for treatment of all homosexuals was not new. In 1955, Dr. Albert Ellis wrote that

"every mother's son of you who is exclusively desirous of homosexual relations, is indubitably . . . just about as neurotic as you could possibly be, and you had better run, not walk, to the nearest psychotherapist . . ."

VOICES FROM SINAI

In a still widely sold 1956 book, *Homosexuality: Disease or Way of Life?* the late Edmund Bergler called it "a neurotic distortion of the total personality . . . There are no healthy homosexuals . . . Every homosexual is a psychic masochist who . . . is really after defeat, humiliation, rejection . . . A frantic fugitive from women . . . mortally afraid of them . . . essentially disagreeable . . . mixture of supercilliousness, fake aggression and whimpering . . . subservient when confronted with a stronger person, merciless when in power."

This passably describes Dr. Bergler, the Uncle Tom cast of *Boys in the Band*, and a tiny percentage of both Gays and hets.

Dr. Clifford Allen in *The Problem of Homosexuality*, co-authored by Dr. Charles Berg, said homosexuals are ill — a delayed childhood "stage," which other men "passed through" — "the same way a dwarf is ill — because he never developed." He felt homosexuality always co-exists with other perversions ("Maybe most of the psychoses . . . are basically homosexual"), that it can be cured, and that psychocausation is proved since psychotherapy can cure it. That's nonsense, even for dwarfs!

Dr. Irving Bieber, the chief cure-peddler to make a show of scientific methodology, claimed "existing psychotherapeutic techniques can lead many homosexual and bisexual patients to exclusive heterosexuality." Homosexuals seek large urban centers for a life "in which social behavior is determined by commonly held interests, fear and avoidance of sexually stimulating females (*sic!*) . . . Obsessive and compulsive sexual behavior consumes free time which cannot be used productively . . . countless emotionally meaningless sex contacts . . . increased venereal disease."

Recently, Lawrence Hatterer, perhaps the best of the cure-peddlers, admitted that many Gays are well-adjusted and creative, but painted a dire picture of "gay" life, and claimed he had cured 49 homosexuals out of 710 cases. He calls homosexuality an emotional disorder, but says therapists shouldn't pressure patients to seek cure. Cure is only likely, Hatterer says, if the patient is young, not effeminate, really hates homosexuality, and has had generally more heterosexual experience than homosexual.

WHO CARES WHAT THEY SAY?

Young persons who aren't in the habit of labelling themselves or their fellows sick, and who are inclined to distrust "authorities" generally may think such opinions too foolish to notice. But remember that these men, as "expert witnesses" influence most decisions on licensing, legislation, parole, employment, education. They will gladly wreck your life

and livelihood — for your own good, of course.

So it would pay you to know how to answer their arguments. Even if you are not homosexual, there are situations in which a shrink who suspects that you might be homosexual could damage your future severely, as many het draftees, jobseekers and others have learned to their sorrow. Each one looks for different "signs," some believing that all men with high voices are homosexuals, or men with wide hips (or narrow), breast fat, lisps, those who are ticklish, etc., or those who give certain innocent-seeming answers on intelligence tests.

CONFLICTING GOSPELS

These Sexperts have been widely accepted as unquestionable authorities on all aspects of human behavior. Who are we to doubt their analysis of the secret motivations of our behavior, or their claims to have cured hundreds?

We are the ones they pontificate about. From our own experience and from our acquaintance with large numbers of other homosexuals from many backgrounds, we can say that most of what these "authorities" says about homosexuality is either only a small part of the picture, or is total nonsense.

But they are learned men, with awesome credentials!

Their neat theories fall apart when you begin to compare what each one has said on any given topic, or what any one says on page 20 and on page 69. They agree (as also do Caprio, Henry, Janov and L. Ron Hubbard) that they can cure homosexuals. They agree that all homosexuals hate and fear women — but they agree on little else. They rarely discuss female homosexuality, except for Socarides, and Caprio, whose writings would class as 1950-style pseudo-scientific pornography.

How do they define the "sickness?" Bergler blamed individual masochism. Bieber juggles a mass of fixed statistics to "prove" the homosexual a victim of his parents' clashing pathologies. Allen blames too much, or too little liking for *either* parent for fixation at childhood's "homosexual *phase*"—Freud's idea of "latency" which Bergler and Bieger hotly reject. Hatterer increases Allen's four types of disoriented relationships with the parents to 77 different types of relationships to the mother, the father, the self, siblings or to the culture or the environment, and proposes any or all of these as causative (everything from too many mother surrogates to competition with a dominant sibling and stimulation by movies, etc.). Janov assumes a childhood terror situation somewhat similar to the engram theory of Dianetics. Ellis, like Reuben, skirts causation to tackle directly his customers' current sexual attitudes. He calls homosexuals neurotic simply because they aren't bisexual! Exclusive taste is his unforgiveable sin (although he finds exclusive hetero taste fairly forgiveable.) Like Bieber, he defines "cure" as either shifting homosexuals to bisexuality, or bisexuals to heterosexuality!

Bergler denied the existence of bisexuality — except as stylishly misplaced experimenting by some

hets, or an alibi for such homosexuals as are "at times capable of mechanical heterosexual activity." Bieber and Socarides, disregarding zoology and anthropology (which present plenty evidence of homosexual activity), say man has *evolved* to heterosexuality — presumably neither fish nor crabs, nor primitive human tribes, have made it yet.

Bergler, Bieber, Allen and Janov think homosexuals hate their partners, seeing them as mother substitutes. The homosexual, they say, is attracted to the penis, only because to them it looks like their mother's breast! What mothers these shrinks must have! The only penis I have ever seen that looked like a woman's breast was infected by elephantiasis, and was not very attractive. They add that felatio and "other disgusting homosexual acts" are attempts to punish the mother. The mechanics of all this is confusing, but what is not confusing is that most of these Sexperts clearly find the male body, and particularly the penis so revolting that they simply cannot believe that homosexuals see beauty in the male organ. They project their own hatred of their mothers, and their own revulsion at their sex organs, onto homosexuals.

That is what logicians call an *ad hominem* argument, and it's considered bad manners in a debate. I would only say that if all the *ad hominem* arguments were removed from the writings of these various therapists, the thousands of pages of their collected works could be reduced to a few dozen pages.

Allen, less narrowly rigid than the others, concedes some cultural achievements by noteable homosexuals (Hatterer ditto), and admits that some lead socially useful, though unhappy, lives. Ellis, and occasionally even Bieber, has spoken passionately for ending legal persecution of sex deviants. In contrast, Bergler and Socarides stridently deny that homosexuals are ever creative — while Allen thinks creativity itself is fairly neurotic — a view picked up by Ruitenbeek and (more positively) by Paul Rosenfels.

Bergler and Socarides regard homosexuality as an intolerable social cancer, for which Socarides offers a "final solution." A more sophisticated writer than the rest, Socarides laments that so few homosexuals now seek help — due to "their guilt and shame over their sexual activities." Can he conceive that most homosexuals have no *reason* to feel such guilt or shame? I'd always assumed that other homosexuals carried a heavy burden of guilt, until I found that among those attending Gay churches in California, very few had ever felt guilty about their sexuality — only about having to hide it.

The male body is beautiful to the male homosexual. He isn't looking for something to remind him of his mother's breast, any more than the average Lesbian is looking for a dildo, or a two-inch clitoris. It comes as natural to the Gay male to caress another man's cock, or buns, or any other part, to use his hands, his tongue, or even his hair or feet to do the caressing, as petting with a female does

to the male het. The taste of another man is good to the homosexual, as are the warmth of his mouth and the snugness of his anus. The homosexual is attune to God's chiding of St. Peter: "What I have made clean, call thou not unclean."

Homosexuals believe that sex and the body are beautiful. We are glad to see that a few hets are gradually coming over to that way of thinking.

But the shrinks persist: homosexuals couldn't possibly really like the disgusting male body, therefore they must be doing such things merely because they are afraid of women. That may be the problem with our shrinks, but . . .

FLAWS IN THAT ARGUMENT

There are several major difficulties with the claims of these cure-peddlers:

— *Most authorities flatly contradict them.*
— *Their concepts of "disease" are unclear, unmedical, untestable.*
— *They "discover" their prior conclusions through faulty logic.*
— *Biased, they see in clients only what their theories predict.*
— *No evidence or testing verifies their claimed cures.*

MOST EXPERTS DISAGREE

Freud clearly disagreed. He wrote that "Homosexuality is no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness . . . Many highly respectable individuals of ancient and modern times have been homosexuals . . ."

He felt that analysis could rarely abolish homosexuality, but might "adjust" a person to his condition. But though Freud regarded homosexuality as part of man's bisexual nature, his changing views of the Oedipal mechanics of "arrested development" laid a base for the "cure-'em-all" crowd.

Bergler claimed to have treated 1,000 homosexuals and cured 100, but gave none of the proof demanded by medical authorities in other matters. Said *Sexology* magazine: "Many experts will disagree with his . . . view that homosexuality is a 'disease' to be 'cured' . . . and (with) his antiquated use of the term 'perversion' . . . medical and psychiatric science has *not yet arrived as a conclusive understanding of the causes and nature of homosexuality.*"

Flatly contradicting Allen in *The Problem of Homosexuality*, Dr. Berg denied that homosexuality is a disease or that established homosexuals can be

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GRIT

turned het. "We are as far from being able to tell the nature, cause and cure of homosexuality . . . as we are from expounding the nature, cause and cure of heterosexuality — or of life itself" — and the heterosexual ought not regard the homosexual as "somebody to whom he can teach better ways."

Dr. Evelyn Hooker of UCLA began in 1954 a close comparison of 30 non-clinical Gay men with 30 socially matched hets. Using such tests as the famed "ink blots," she found that top Rorschach experts couldn't spot the homosexuals — though thousands of men in the 1950's lost top level jobs, suspected of homosexuality for seeing the wrong things in the ink blots. Fewer of the homosexuals than the hets evidenced any psychopathology in her tests.

She recently headed the prestigious National Institute of Mental Health *Task Force* which called on the Federal Government to relax its discriminatory policies affecting homosexuals, and to sponsor a wide variety of research programs. Though the generally conserative Task Force placed heavy emphasis on programs aimed at prevention of homosexuality, the Nixon Administration buried the report and fired the man who appointed the Task Force. Citing a working paper by Task Force member Jerome Frank, M.D., the report said that "current literature suggests that perhaps one fifth of those exclusively homosexuals who present themselves for treatment are enabled to achieve some heterosexual interests and competence if they are motivated to do so;" that perhaps 50% of bisexuals wishing to change can become predominantly het; but that treatment is much less successful when ordered by parents or courts.

The work of Dr. Hatterer, which we will discuss shortly, reportedly had considerable influence on this over-optimistic estimate.

While skeptical of many published cure claims, Dr. Hooker still seeks to change those whose sex lives lead to constant frustration and danger — instead of trying to steer their homosexual impulse into less dangerous paths.

A 1955 British Medical Assn. report bluntly told Parliament that there is "no panacea" for curing homosexuals. Castigating much so-called treatment as useless, grossly unethical and dangerous, they said medical treatment could at best help a homosexual to "adjust to his condition." A minority dissent was based only on conserative religious objections.

The Wolfenden Committee, whose 1957 report brought partial reform of British anti-homosexual laws by 1967, and was widely used by proponents of law reforms passed afterward in Illinois, Germany,

Canada, Connecticut and elsewhere, said, "none of our medical witnesses were able . . . to provide any reference in medical literature to a complete change." Since some such claims had by then been published, they obviously used the usual professional standards to discount such claims as unsupported by reasonable proof.

Homosexuality, they said, satisfies none of the standard criteria for being defined as a disease. "Assorted psychiatric abnormalities" which may be more common among English homosexuals are less evident in more tolerant countries.

A Royal Canadian Commission added: "We have heard no medical evidence to warrant" the assumption that "a 'sexual psychopath' or a 'sexual pervert' suffered from a condition that could be 'cured.' "

The late Dr. Alfred Kinsey, whose work and motives Bergler vociferously attacked, argued that since law and custom label homosexual acts 'unnatural' or 'crimes against nature,' biologists (whose job it is to study nature) should discover if such acts are indeed unnatural.

Ford & Beach subsequently reported that, judged by the sex habits of primates and primitives, science must view homosexual acts as fully natural, leaving

the soothsayers to gabble about "sinfulness."

Interviewing thousands of men, Kinsey's staff found no evidence for the Freudian "stages" of development or for the notion that homoseuals are fixated at an early stage.

The cure-peddlers insist that all or most homosexuals are deeply disturbed personalities. Some homosexuals, like some hets, certainly are, but many critics have noted that those homosexuals who go for therapy are *not* typical of homosexuals generally, and may in fact be a rather rare type.

A colleague once insisted to Dr. Ernest van den Haag that all his homosexual patients were quite sick. The doctor finally replied, "so are all my heterosexual patients." Because many homosexuals seek analytic help, he said, "it does not follow that homosexuality itself is an illness."

From the current psychoanlytic capital of the world, the *Wall Street Journal* recently said: "There is a school of psychiatric thought that believes homosexuality is a sickness capable of being cured . . . But the great majority of sex researchers holds that homosexuality is not a disease but a deep rooted sexual orientation. Because more people are now accepting this latter view, homosexuals are winning ground in their efforts to improve their lives."

DEFINITION TROUBLES

Our Sexperts differ in attempting to define the problem and the cure. Let us examine a few of their arguments:

Albert Ellis, who rode to fame on the notion that he was related to that more eminent sexologist, Havelock Ellis, starts as a partisan of radical sexual freedom — like the French-Siamese jurist, Rene Guyon, who argued against *any* restrictions on sex behavior. But Ellis, an enemy of Puritanism and a critic of orthodox Analysis, and founder of his own so-called Rational brand of therapy, muddies his argument.

He arbitrarily defines homosexuals as neurotics and perverts ("exactly them same") by the slight-of-hand of equating neurosis with having any fixed preferences or tastes, in food, sex, or whatever. He offers (endlessly) a desert-island analogy: a man with plenty spinach starves because he wants ice cream instead. In such a predicament it would seem foolish to choose to starve, though there might be any number of reasons aside from personal neurosis to explain the man's refusal to eat spinach. However irrational his behavior may seem to those who think that spinach has some nutritional value, it doesn't necessitate such pseudo-medical labels as "neurotic" or "food pervert."

Ellis' analogy of the starving man would relate to homosexuals only in improbable situations where homo outlets were *never* available, and masturbation was somehow impossible. His analogy is irrelevant for persons living in a complex, open society where there are more potential sex partners of any particular type than anyone could possibly use up.

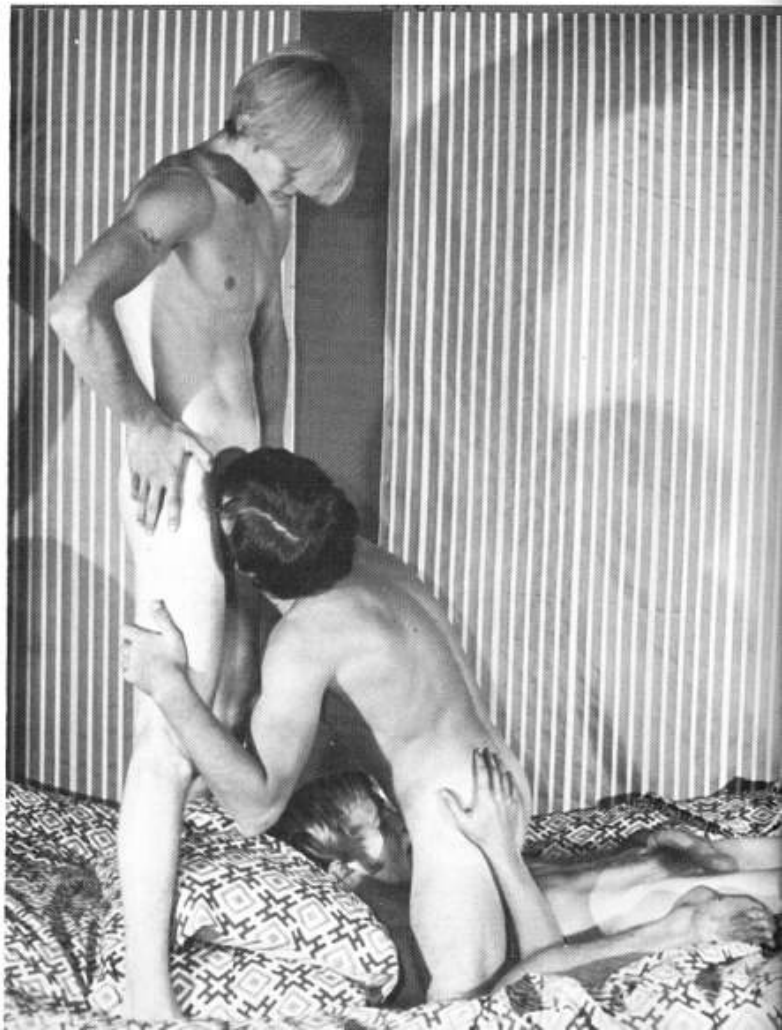
He initially postulates "sex instinct" as an undirected urge for *any* release, and argues through a dozen books that masturbation, adultery, fetishism and sadism are fully normal and *just* as good as heterosexual coitus. All that's required is that that juice be shot off somewhere.

Though he prefers steak to candy, "If anyone thinks candy is better, that is his value . . ."

He scorns analysts who say you can't find real happiness in adultery:: "This kind of psychological analysis . . . gets you going and coming. If you say you like white, it insists that you really, unconsciously prefer black . . . It leaves no room for *conscious* preference."

Ellis leaves all the room in the world for conscious preference, so long as the preference is not for homosexuality. And then he argues that homosexuals only *think* they like men, whereas they really hate women. Early in his career, Ellis wrote some respectable articles on scientific methodology, but his standard has sagged badly. He says that exclusivity is the only and ultimate sin, but that homosexuals are neurotic even if they aren't entirely exclusive (to escape Ellis' net, they must not only "try" the opposite sex now and then, they must really dig it) whereas hets aren't neurotic no matter how exclusive they are.

He feels that hets really ought to experiment with a bit of homosexuality (and a bit of everything else including necrophilia), but if they don't, it's no great



problem. The fact is, Ellis simply shifts all of his rules when discusses homosexuality, as opposed to all other so-called deviant practices.

We have to insist that homosexuals have as much right to have a preference as anyone else. *Any* choice excludes other things one might have chosen. If one lives in Los Angeles, that excludes any number of other places, some of them perhaps preferable. But one might only properly accuse an Angeleno of neurosis if he got exceptionally cantankerous about anyone chosing to live anywhere else. Thus one might suggest, in light of his views on masturbation, adultery, sadism and what not, that Ellis' "illogical, rigid and exclusive" position regarding homosexuality is a neurotic symptom of considerable magnitude.

Were he consistent in relating neurosis to varied oultets and techniques, the happy het who always humps his wife the same way would be defined as the pervert, and the versatile homosexual who reacts variously with many types of partners would get Ellis' rating as healthy. If variety is health, it's the Gay life that has the most spice. But Ellis simply states, with no evidence whatever, that homosexuals are rigid in their sex lives.

The definition, which, if he stuck to it, would make a sort of sense, is worthless for diagnostic or therapeutic purposes. It pinpoints no abnormal symptoms and no demonstrable pathological condition. He might as meaningfully have described exclusivity as a sign of unshakeable Yankee integrity and purity of heart. His definition says merely that Ellis likes a little homosexual action, but doesn't like to see anyone fully homosexual. So what?

* * * *

Bergler mounted a more confidence-shattering attack. The very TV stereotype of the Vienese headshrink, Bergler latched on to the self-hatred that many homosexuals suffer, and became an expert at turning the corkscrews, nurturing the client's self-hatred at the same time that he used that self-hatred to prove to the client that he was essentially worthless. Bergler's case studies were like a broken record — his theory told him in advance all he needed to know about a patient — the rest was simply a process of beating the patient down until he would confess that he was a masochist.

All homosexuals, Bergler insisted, deliberately seek self-punishment. True, some run to danger like moths to flame, but many Jews, Birchers, farmers and parents are gluttons for punishment, or "psychic masochists." To say that neurotic injustice-collecting is especially typical of homosexuals is nonsense — though homosexuals clearly have some legitimate injustice to get bothered about — a point Bergler would never concede. He observed his clients' reactions to persecution, stigmatization and frustrated hopes, and summed it up as "exquisite injustice-collecting."

His case studies demonstrate that the worst injustice suffered by any patient of his was Bergler's own pathological rantings against homosexuality — stemming no doubt from the peculiar shaps of his mother's tits.

I've met persons, still Gay, he claimed to have cured (also a couple of Ellis' so-called cures.) Two were about demolished by years of his psychic

beatings, which their parents had paid for. Another cunningly learned to give the tyrant the answers he wanted (conceited analysts are easy to dupe — ask any savvy ex-con) and thus escape involuntary therapy. Few patients willingly went to Bergler. Most, sent by parents or courts, took his punishments until he *thought* they were cured.

HOW TO PROVE BIAS

Ellis, Bergler, Allan Halliver and Socarides merely formulate their bias, and count as proof any odd behavior by homosexuals.

Irving Bieber was more ambitious. Medically trained, he felt some need of verification. Or the appearance thereof . . .

Admitting that he considered homosexuals sick by definition, he prepared and submitted a 26-page questionaire to 77 like-minded analysts. He asked for evaluations of random homosexual and heterosexual patients, focusing on "Oedipal factors."

The patients were not questioned. Their therapists were asked such questions as: "Was contempt by one parent for the other a prominent part of parental relationships?" (Homos 61%, Hets 51) "Was patient mother's favorite?" (Homos 62%, Hets 39) "Did patient have temper tantrums or other expressions of rage toward mother?" (Homos 42%, Hets 40) "Was mother knowingly hated by patient?" (Homos 30%, Hets 31) "Does analyst consider that father was seductive in his activity with patient?" (almost identical figures, varying slightly from those at the back of Bieber's book, with details as to frequent enemas, sleeping with father, etc.)

The initial results were so shapeless, a second

questionaire was sent out, and a computer and statisticians were hired to give shape to the "data."

Some questions were asked twice. About 40% of the analysts shifted their answers on a duplicated question about "the amount of time spent between mother and patient." Twelve reversed themselves when twice asked "Does the patient feel he was accepted by father?" These questions are pivotal to Bieber's conclusions, but he thought the variations "not statistically significant" — though his most sweeping opinions hung on differences of less than than 5% between the homo and het groups! In a rare instance when the patient's views were reported, 33% countered their analysts on whether mother had blocked their adolescent sexual development! No attempt was made to see how the analysts arrived at judgements, to verify their objective "data" or to test the consequence of definitions, *i.e.*, how assertive need a mother be to be rated dominant?

Bieber repeatedly exaggerates (in the text) his actual statistics, as in insisting that all or most homosexuals have dominant mothers. The figure is only 58% — but Bieber has his "most" and makes the most of it. But only in the charts at the back of the book do we discover that 55% of the hets also are reported as having dominant mothers! A 3% difference for what Bieber and other analysts rate as *the* chief cause of homosexuality.

He subdivides the "dominant mother" category into a sub-class of "close-binding-intimate" mothers, and clucks disapprovingly because 71% of the homosexual sons of CBI mothers were their mothers' confidants — unremarkable, since that is implicit in

He strains for contrasts, as when he compares percentages of CBI-homo mothers to non-CBI het mothers — about equivalent to saying that generally speaking, Negro infants are smaller than white adults.

Though he constantly argues that homosexuals avoid women, 70 of the homosexuals are described as seeking contacts with women! Contrary to his lengthy editorializings, the tabulations show homo and het men having largely similar attitudes toward women, as well as toward stress — which more hets respond to by submissiveness! Identical small percentages were still living with parents.

Though three fifths of the hets feared homosexuality and over half had overt homo fantasies, dreams or impulses, Bieber calls them all exclusive hets. Thirty of the so-called homosexuals turn out bisexual, and two sexually inactive, but figures for these always go against the homosexual totals, with rarely any distinction. Two thirds of the alleged homosexuals "want their homosexuality cured." From this sample Bieber tells us what *all* homosexuals are supposedly like!

Barely a quarter of the analysts felt the questionaires "had explored the fundamentals of their patients" — and of 206 questionaires filled out by 77 the CBI definition. But the figure for het sons of CBI mothers is 13% higher. Bieber finds no occasion to mention that.

therapists, it seems that only 38 were filled out by males, and 11 by females! Add that up!

The wonder is how clumsily Bieber plays with a stacked deck. He tells us that homosexuals have het experience earlier than hets do, but not what kind of het experience. He says that all contradictions and variations in reliability cancel one another out, "since we are dealing with totals." This is fallacy compounded. Whether a factor regarded as causative of homosexuality is reported in 6% or 69% of the homo cases, and in half as many or twice as many het cases, Bieber regards every figure he chooses to use as evidence, and damn the contrary details!

It was all added up before the "research" started: "All psychoanalytic theories assume that adult homosexuality is psychopathological . . ." Why bother with details?

IN THE EYE OF THE BEHOLDER

Each of our Sexperts displays an omniscience best explained as "self-fulfilling prophecy." As Freud feared, the structure of Analysis may tempt overzealous analysts to create the evidence they seek, by enticing patients to feed back false data. Thus, the analyst's "theology" predetermines his findings. Information not fitting his interpretation is ignored, or given "symbolic" meaning. He interprets a casual mention of a flower as a desire for the mother's

vagina, or a motorcycle as a fear of or longing for the father's phallus! Anything can symbolize whatever the analyst chooses, the slightest detail "symbolizing" the most basic trauma. It requires only a touch of fantasy.

On seeing a new homosexual patient, the Sexpert already knows "all" about him. Detailed examination of the patient himself is superfluous. Whatever details the patient supplies are simply filed in the preordained slot. Whatever the patient does or says will be significant, but the significance will be the same whatever the patient does or says.

CURES WITHOUT EVIDENCE

Philosopher of science Ernest Nagel has argued that psychologists, and Analysts particularly, need more competence in the logic of theory construction. Like Drs. Eysenck *(Uses and Abuses of Psychology)* and Szasz, he has analyzed much of what in psychoanalysis passes for scientific exposition, and found it wanting. Szasz says the "myth of mental illness" is mere privileged name-calling — a license to commit libel. Though some so-called "sick" behavior is actually irrational, unhappy or ineffectual, he excoriates psychiatry for its unchecked power over the individual.

Eysenck also regards the mental illness game as unjustified, and he effectively demolishes the cure claims of therapists generally. The definition of cure is rarely more than the whim of the therapist. It is fallacious, he says, to assume that a recovery following treatment is necessarily *caused* by treatment, since many hospital records show the same recovery

rates for patients receiving treatment and those receiving none. In emotional difficulties, in common colds, and even with sexual preferences, a certain percentage of people "recover" under any conditions.

The cures of confirmed homosexuals that have been repeatedly claimed have in no case been properly documented, clearly defined, or verified. At first glance, Hatterer's recent book looks solid, until you examine the details. He rates as "originally exclusively homosexual" married men with two children, and he counts as "totally cured" men he says are still visiting Turkish baths!

We are not saying: "once a homosexual, always a homosexual." Far from it! Kinsey indicated (and our experience would verify) that many persons go through brief periods when they are primarily or exclusively homosexual. They go the gay route while they are unattached and "in demand," then give in to pressures and settle down when the bloom is off the rose. Most of these, being under no pressure about their sex outlets, wouldn't think of seeing a shrink, but a few think they've been contaminated. So about the time they're ready to shift, they go to a shrink to get assurance that their homosexual experience won't prevent them from successful het performance. The doctor gives them a bit of reassurance, and they eventually do what they wanted to do in the first place. Sometimes it's a bit harder than that, and sometimes it just doesn't work. Most of the time it just doesn't work: in at least 90% of Bergler's cases, and in over 93% of Hatterer's. The person is homosexual and stays that way.

* * * *

In other medical fields, abrupt claims to have cured what other doctors have been unable to cure are met with a "show me" attitude, and serious charges may result when verifiable evidence is not forthcoming. It is time that the medical profession brings the same sort of pressure on those doctors falsely claiming to cure homosexuality that are quickly brought against those who claim cancer cures.

But even if cures should prove possible, not only in borderline cases, but for hard-core homosexuals, what compelling reason is there to expect homosexuals to seek to change what seems good and natural to them, and what properly should be no one else's business?

What a hue and cry would be raised if someone proposed today, as Negro leader Walter White once did, that the race question be solved with skin bleach!

To solve the problems of homosexual individuals by trying to turn them into hets is an affront to every remaining homosexual. The existence of human differences cannot be bleached away.

We like our "ice cream," Dr. Ellis — or to put it out flat, we like our male bodies embracing other male bodies. We aren't starving.

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